

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000132697

1. Entity Name
TAYLOR KITCHENS, INC.



Principal Place of Business
**6865 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE, FL 32256 US**

Mailing Address
**P O BOX 208
GLEN ST. MARY, FL 32040 US**



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0396940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TAYLOR, RANDY L
6865 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE, FL 32256**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TAYLOR, RANDY L
STREET ADDRESS	P O BOX 208
CITY- ST- ZIP	GLEN ST. MARY, FL 32040

TITLE	ST
NAME	TAYLOR, DANA D
STREET ADDRESS	P O BOX 208
CITY- ST- ZIP	GLEN ST. MARY, FL 32040

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/05/05-80016-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dana D Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05
Date

904-591-2641
Daytime Phone #